COMMUNIQUE ISSUED AT THE END OF A ONE-DAY ENGAGEMENT WITH WOMEN AND YOUTH GROUPS ON THE PREVENTION AND TREATMENT OF SEVERE ACUTE MALNUTRITION AS A CHILD RIGHT ORGANISED BY CIVIL SOCIETY LEGISLATIVE ADVOCACY CENTRE (CISLA) IN COLLABORATION WITH INTERNATIONAL SOCIETY OF MEDIA IN PUBLIC HEALTH (ISMPH) HELD AT QUARTER HOUSE HOTEL, KANO STATE ON 22ND AUGUST, 2019

Preamble

Civil Society Legislative Advocacy Centre (CISLAC) in collaboration with International Society of Media in Public Health (ISMPH) organized a one-day engagement with women and youth groups on the prevention and treatment of Severe Acute Malnutrition (SAM) as a child right. The meeting aimed at engaging women and youth groups on SAM issues and how they can ensure SAM is recognised as a human right issue and hold government accountable on its commitments on funding and prioritization of prevention and treatment of SAM through sustained support for Community-based Management of Acute Malnutrition (CMAM) activities in the state. After brainstorming exhaustively on various thematic issues, the following observations and recommendations were made:

Observations:

1. As adequate food production and optimal nutrition are fundamental to secure lives and healthy living, malnutrition impedes individual's cognitive and physical growth and effective performance in education, socio-economic and political spheres.

2. The role of women and youth groups as agents of change is paramount in social mobilization and community sensitization on the prevention and treatment of SAM.

3. Malnutrition presents in over-nutrition, under-nutrition, mineral and vitamin deficiency.

4. With only 13 out 44 Local Government Areas in Kano state offering CMAM activities, extension of the activities to yet-to-reach Areas is paramount for coverage and timely intervention.

5. Severe Acute Malnutrition is driven by poor access to health care, rising poverty level, failure in governance, inappropriate and selective breastfeeding, institution weakness, gender problems, diseases, food insecurity, and inappropriate feeding habit

6. Existing total stock-out of Ready-To-Use Therapeutic Food (RUTF) and preventive activities across CMAMA facilities in Kano state remain a major impediment to the prevention and treatment of SAM in Kano state.

7. While malnutrition impacts negatively on the socio-economic development of a nation, sustainable growth in Kano state cannot be achieved without prioritised attention to adequate and sustainable investment for nutrition at all levels.

8. Social media platforms are enabling tools to advance awareness and sensitization on the prevention and treatment of SAM.
9. Inadequate knowledge and awareness among women and youth groups on nutrition related activities, especially at grassroots levels.

**Recommendations:**

1. Targeted advocacy visit to Budget and Planning Ministry by women and youth groups to ensure full mainstreaming and inclusion of adequate nutrition provision in the ongoing budget process in the state.

2. Enhanced advocacy and support by women and youth groups towards full implementation of the National Health Act in the state to activate Basic Health Care provision funds as enshrined under the Act to support sustainable CMAM activities.

3. Leveraging recently introduced Local Government Autonomy system across the country for provision of conditional cash transfer system to women at community levels to encourage self-sufficiency towards adequate maternal and childhood nutrition status.

4. Re-introduction of Child Protection Bill to the State House of Assembly for translation into legislation to secure child rights to adequate nutrition and healthy living in the state.

5. Maintaining balance between urban and rural areas to encourage urban-rural synergy and inclusion towards the prevention and treatment of SAM.

6. Adequate monitoring and supervision of CMAM related activities by committee members through data gathering and filling report cards at Primary Health Care facilities.

7. Initiating dialogue with traditional institutions through evidence-based advocacy to complement existing community-based efforts as well as information sharing among women groups on the prevention and treatment of SAM.

8. Encouraging exclusive breastfeeding to boost child immune system, support cognitive and physical development, and mitigate childhood malnutrition and mortality at all levels.

9. Increased curiosity by women and youth groups in advocating for the prioritization of Community Management of Acute Malnutrition (CMAM) programmes in the state through existing policy implementation, adequate budgetary allocation, timely release, cash backing and utilization.

10. Leveraging social media platforms with appropriate messaging development as veritable tools in raising public and policy consciousness on the prevention and treatment of SAM.
Signed:

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